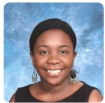
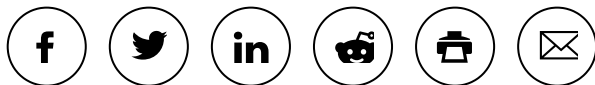


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June 26, 2020

Poor staffing in LTC was the 'gasoline to COVID-19's match,' witness testifies at House hearing

[Danielle Brown](#)



Several expert witnesses called for the federal government to address inadequate staffing at nursing homes and long-term care facilities in wake of the coronavirus pandemic and its fatal toll on residents and workers.

“The issues that COVID-19 exploited are not highly technical or complex. They are basic issues of training and adequate staffing,” testified Nicole Howell, executive director for Ombudsman Services of Contra Costa and Solano Counties. “Poor staffing in long-term care facilities was the gasoline to COVID-19’s match.”

Her testimony came during a Thursday hearing held by the House Ways & Means Committee during a hearing Thursday afternoon. The hearing centered around the impact of the coronavirus crisis on nursing homes.

Howell also explained that “within the long-term care industry, direct care workers on average earn only \$1 to \$2 more per hour over state minimum wage, forcing these dedicated people to work 60 to 80 hours per week at multiple locations.”

“Meaning you can have a caregiver that works at one facility where there are active COVID-19 infections who are forced to work at a second location and may transmit the virus to residents,” she added.

David Grabowski, Ph.D., Harvard professor and healthcare policy expert, also stressed the need for providing more resources, such as better wages and



David Grabowski, Ph.D.

more personal protective equipment, to address staffing shortages.

“Staff are frightened given the lack of COVID testing and PPE, and for good reason,” he said. “New federal COVID data suggests that over 500 staff nationally have died from COVID — making nursing home caregiver the most dangerous job right now in America, with a higher death rate than logging workers and commercial fisherman.”

He also emphasized the need for regular testing in nursing facilities and called on the federal government to develop a consistent testing and PPE policies nationwide, and provide resources for facilities to meet those standards.

“Until we get rapid and accurate testing for all staff and residents, we won’t be able to contain COVID. Rather than pushing the logistics and costs of testing and PPE to states and nursing homes, the federal government needs to take ownership of this issue,” Grabowski said.

“If we had testing and PPE in place, we would be able to move safely towards opening nursing homes again to family members,” he added.

The pandemic’s toll on nursing homes is a “deadly consequence” of inadequate staffing levels and lax infection control practices, according to Toby Edelman, senior policy attorney for the Center for Medicare Advocacy. She added that CMS must establish and enforce stronger oversight measures.

“The coronavirus pandemic has made all too visible the lethal consequences of poor care and no oversight. We can and must learn from what has gone wrong, and do better in the future,” Edelman said.

Read additional coverage of the hearing from [McKnight’s Senior Living](#).

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DAVID GRABOWSKI

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Lisa • a year ago

This is true in only a FEW states? To lump all nursing homes in the same pile is misleading and especially to the public. Nursing homes that are the problem need to be called out and not say disparaging words about All Nursing Homes, as that is wholly false testimony. IN the state I work in. the rate of COVID in Nursing Homes is extremely low, staff are very educated and Certified Nursing Technicians are paid close to twice minimum wage. Pay rates for RN's and LPN's are above most hospital pay rates. this makes me so angry when people are not in touch with the whole story and only report their experience. The company I work for has 10 nursing homes, I manage 5 of them and we are COVID free and average 3 to 4 stars in staffing on the 5 star rating system. Due to a few bad apples, all have to suffer more REGULTION in one of the most regulated industries! So unfair that a few speak for all of us!

3 ^ | ▾ • Reply • Share ▸



K Lawrence • a year ago • edited

In California, the number of people dying in Nursing homes has been criticized. But, the portion of covid deaths in nursing homes is pretty close to the historical portion of deaths that occur in a nursing home. Also, According to the Orange County Department of

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 health, Stroke is a symptom of Covid19. So, it is possible that the number of Covid deaths in nursing homes may be at least a little overstated.

More people have died in acute hospitals, but there has been no congressional hearings.

1 ^ | v • Reply • Share ›



James Berklan → K Lawrence • a year ago

I believe the saying that has gone around upper nursing home circles (since way before COVID-19) goes something like this: When someone dies in a hospital, it's a statistic; when someone dies in a nursing home, it's a (mainstream) news story.

2 ^ | v • Reply • Share ›



Maria Napierskie, RN, BSN, CIC • a year ago

The answer to this situation is NOT more regulations! Right now the post acute care industry has surpassed the nuclear power industry with the number of regulations it must meet in order to provide care for the nation's frail elderly and provide rehabilitative services to many age groups, and they want to add more???? What is the agenda? Hyper-regulate to prove that Nursing homes are "bad" places? They are not! Historically, this industry has been the red-headed step child of healthcare. We are told to do it faster, better and without mistakes, and with less resources, technology and support from the government, and I dare say, the agencies that survey us. I have worked in this industry for 24 years and I have a critical care background, and let me educate those of you who do not have a CLUE as to what we do every day: We are the hospital of yesterday. We have ventilators, LVADS, dialysis in-house, we take care of patients with complex wounds that the hospital won't keep, we have patients with infections so resistant to antibiotics they are on a CDC watch list that hospitals push out the door because they are afraid that they won't get paid for them, we take IV lines that I only used to have on the unit in ICU, we cry with families when our patients, who become family themselves, pass on and we hold memorials to remember them. We do it all without the machines, the pharmacy or IV team at our fingertips. We balance patient rights and dignity with medical needs, something a hospital does not consider. And in this COVID pandemic, we are their family, their hope when they are down, and their anchor to reality. So next time you want to create MORE regulations instead of sending MORE support where it is actually needed, come work a day in our shoes. You have NO IDEA what you are talking about. The few "bad apples" you are basing your opinions on, do NOT reflect the rest of the industry who are here, not because of the crappy pay, but because we love our patients and we truly care about their well-being. To all of you in the industry, I am proud to stand with you. You are truly Healthcare Heroes.

^ | v • Reply • Share ›



Lori Porter • a year ago

You don't say. I hate to have to be the one to say this.....NAHCA has and always will remain the solution to the CNA Crisis, Before during and after covid. I won't stay silent on this any longer. Shame on the entire industry (and not just providers) for not supporting CNAs. There is so much funding for everything except for CNA education, development and a seat at the table.

^ | v • Reply • Share ›



Cristal • a year ago

Again? Wow, these professors who have never worked in a nursing home setting often give their

Poor staffing in LTC was the 'gasoline to COVID-19's match,' witness testifies at House hearing - News - McKnight's Long Term Care News Again? wow, these professors who have never worked in a nursing home setting often give their opinions and generalize the entire industry. They show their ignorance by making comments like this. Let's talk about the real issues and get to the heart of the matter. Our industry was not made aware of the devastating impact this virus could have until it was too late. Then, once we understood what we were dealing with we had little to no resources available to help us prevent further spread. The long term care industry received no PPE at all until recently. The priority was placed on the hospitals and the needs there. Also, many providers do pay their staff well. Perhaps the reason why workers who were mentioned in this article work long hours was because others were off sick with the virus. If you're going to tell the story, tell the whole story not just part of it. Instead of pointing out all the negatives why not call someone to testify who can give an objective opinion? What about all the people who contracted this virus and went to the hospitals are we going to start pointing fingers at them? This is absurd. We were and are dealing with a highly contagious virus. We need to focus on that fact and stop pointing fingers. Blaming does not produce productive results: we need answers and quick response.

^ | v • Reply • Share ›



Barb • a year ago

Nursing homes seem to often be the fall guys. Politicians don't want to adequately fund the care of indigent elderly, surveyors create havoc and take away from care with surveys vs. helping enforce good care. Come on now we all know that; even they do! It is a vicious cycle. We have for profit companies that don't fund staff but take money for stockholders and we have non-profits that work hard to put resources back into nice buildings and staffing. The nonprofits care for majority of the Medicaid individuals while for profits compete for the Medicare dollars making

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